

The modern healthcare ERP buyer's guide

What's changed, what matters, and what to ask

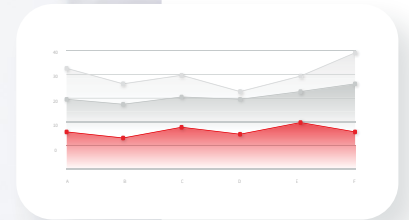


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Why this guide, why now

Like many health systems, you probably didn't outgrow your enterprise resource planning (ERP) overnight. It happened gradually. What started as a system that worked became one that needed constant adjustment. Customizations layered on over time, integrations added to fill gaps, and workarounds built just to keep processes moving. Each change solved a short-term need, but together they made it slower, harder to maintain, and increasingly disconnected from how healthcare operates today.

At the same time, the environment around you changed. Margins are tighter. Staffing shortages persist. Today, healthcare organizations need real-time decision-making, intelligent automation, and artificial intelligence (AI) embedded into everyday operations, capabilities most legacy ERPs were never designed to support.

The result is a widening gap between what your ERP delivers and what your organization needs. What was once your operational backbone has become an obstacle rather than an enabler, limiting visibility, slowing teams down, and making it harder to improve outcomes for both patients and staff. That gap is now too large to ignore. Gartner reports that [75% of ERP strategies](#)¹ are not strongly aligned with the overall business strategy, leading to confusion and lackluster results.

So you're taking a hard look at ERP for the first time in years, not as something to maintain, but as a foundation to rethink. The shift is from rigidity to flexibility, from a system that requires you to adapt to one that adapts with you.

Your goal isn't just modernization. It's about enabling your organization to respond to change, including new care models, workforce challenges, and the next wave of innovation, while continuing to deliver better experiences for your people and the patients they serve.

This guide will help you navigate that shift. It covers how ERP evaluation has changed, who needs to be involved, and the questions that lead to better decisions, so you can choose a platform that supports not just where you are today, but where you need to go next.



¹ Gartner. (n.d.). Latest enterprise resource planning (ERP) insights. <https://www.gartner.com/en/information-technology/topics/enterprise-resource-planning>

Who to engage and what they care about

The ERP buying committee isn't what it used to be. A decade ago, the conversation was led by finance and information technology (IT), with human resources (HR) brought in later. Today, the decision spans the executive team. Each stakeholder brings a distinct lens, set of priorities, and definition of what success looks like. The right ERP gives every member of this committee something to point to and say, "This works for what I'm responsible for."

DEPARTMENT	WHAT THEY PRIORITIZE IN AN ERP DECISION
Finance	• Margin protection in a 2% margin environment • Scenario planning for policy and reimbursement volatility • Real-time visibility into financial performance by service line, facility, and physician
Information technology (IT)	• Modernization without adding additional complexity • Reducing the integration burden carried by a lean IT team • AI readiness, security, and resilience as one conversation, not three
Human resources	• Workforce data treated as a financial signal, not an HR report • Retention elevated to a boardroom and operational priority • Ease of use that supports retention and workforce engagement • The connection between scheduling, span of control, and the cost of running a hospital

DEPARTMENT	WHAT THEY PRIORITIZE IN AN ERP DECISION
Supply chain and operations	• Pharmacy and purchased services as the next frontier of margin work • Resilience against shortages and tariff disruption • The connection between supply usage and clinical outcomes
Transformation offices	• Driving organization-wide change beyond technology • Adoption, value realization, and the gap between go-live and actual results • Applying the hard lessons from electronic health record (EHR) rollouts so ERP doesn't repeat them

These priorities are more connected than they appear on the page. The chief financial officer (CFO) who wants service-line profitability relies on the chief information officer (CIO) to deliver a seamless data flow between clinical and operational systems. The chief human resources officer (CHRO) who wants predictive workforce planning depends on the CFO to treat labor as a financial signal, not just an HR cost. The supply chain leader who wants to view waste and clinical context together also depends on the connected data that the CFO and CIO are working toward. Each priority only works when the platform underneath supports the others.

That's the true test of a modern ERP. Not whether it can satisfy any one persona in isolation, but whether it enables the buying committee to make a unified decision, rather than five separate decisions that must be reconciled later. When these stakeholders disagree on what they're seeing in a demo, it's often because the ERP wasn't designed for healthcare in the first place. A platform built specifically for health systems provides every committee member with a clear answer to their question. In contrast, a platform built for general business and adapted to healthcare forces compromises across different areas.



What's different about evaluating ERP today

The ERP market has changed faster than most evaluation processes. Many organizations still evaluate ERP as they did a decade ago, even though their needs have changed completely. When the result disappoints, the problem is rarely the technology—it's the evaluation process. Five shifts now define how to get it right.

- 1 ERP is now a business-strategy decision, not just an IT project.** Across industry analyst research and technology news reports, organizations are finding that ERP conversations are being elevated. It isn't just about implementing or replacing a technology. It's about business transformation, and investments tied to specific outcomes are proving most successful.
- 2 Cloud is assumed; cloud maturity is now the question.** The conversation has shifted to how the platform operates in the cloud: how often it updates, how easily it adopts new capabilities like AI, and whether it can adapt without requiring a rebuild. Gartner's research on composable ERP illustrates this shift, describing architectures that can adopt new technologies without rewriting what's underneath.
- 3 AI is expected to be embedded, not bolted on.** Roughly [85% of healthcare leaders](#)² are already exploring or have adopted generative AI, but two-thirds of organizations have not scaled it enterprise-wide. This gap is rarely about ambition. If AI is not integrated into existing workflows, it is difficult to adopt atscale. Modern ERP needs to support a more intelligent operating model, where AI can act on trusted data, surface exceptions, automate routine work, and allow people to retain control over higher-value decisions.
- 4 Interoperability has shifted from a project to a foundation.** Reducing data silos isn't just a compliance exercise. [One news site](#)³ identifies fragmented data environments as the primary barrier to scaling analytics and AI. If the ERP is to serve as the foundation of your organization, it has to be evaluated in the context of every system it connects to, otherwise integration becomes a permanent challenge.
- 5 Customization has shifted from competitive advantage to operational burden.** Analysts and CIOs increasingly highlight standardization, configurability, and ease of upgrades as the key evaluation criteria. Heavy customization complicates upgrades, breaks integrations, and creates dependency on consultants and internal resources. The right question isn't what a platform can do, it's what it does out of the box.

These shifts share a common thread. Modern ERP evaluations are less about what the software features do and more about improving patient and business outcomes. The criteria in the next section are built around this idea.

² Pardo Martin, C., Lamb, J., Dahab, A., Jones, J., & Bhasker, S. (2025, March 26). *Generative AI in healthcare: Current trends and future outlook 2025*. McKinsey & Company. <https://www.mckinsey.com/industries/healthcare/our-insights/generative-ai-in-healthcare-current-trends-and-future-outlook-2025>

³ McGarry, P. (2026, July 8). *Your AI rollout is succeeding. Your organization is failing*. CIO. <https://www.cio.com/article/4193961/your-ai-rollout-is-succeeding-your-organization-is-failing.html>

The criteria that matter most

The market shifts in the last section change how a modern healthcare ERP evaluation is conducted in practice. The criteria below are distinguishing purpose-built healthcare platforms from the ones built for general business and later adapted.

Some of these criteria reflect what to expect from the core ERP. Others address capabilities like workforce management, interoperability, and AI agents. While these are often considered separately, they need to be integrated into the platform to be effective. The integration determines whether the ERP delivers on its promise. The strongest platforms treat them as one decision, not several.

Each criterion is framed around why it matters, what to look for, key questions to ask any vendor on your shortlist, and a real-world example of what success looks like.



1 Built for healthcare, not configured for it

Why it matters

Customizing, testing, and rebuilding workflows with every upgrade can cost millions and create long-term dependency on consultants. An industry-specific platform comes with that work already done, including healthcare workflows, role-based workspaces, best practices, and compliance tooling delivered out of the box.

What to look for

Healthcare data models

Role-based workspaces

Compliance tooling

Healthcare-specific process catalogs and workflows

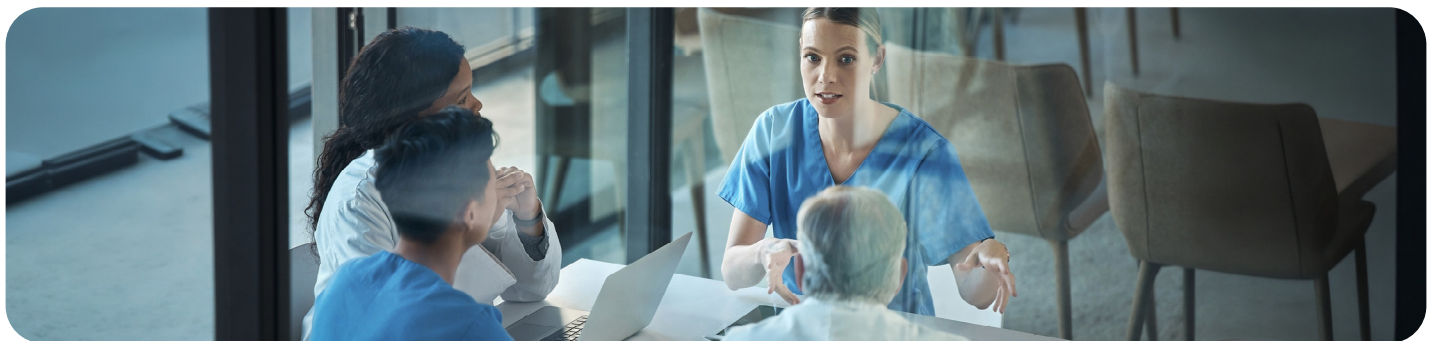
Regular updates with new industry best practices

Questions to ask

- How many healthcare-specific processes come prebuilt versus configured during implementation?
- What does a typical scope of customization look like for a health system of our size?
- How are industry best practices delivered into the platform, and how often are they updated?
- When new regulations or compliance requirements emerge, how do they appear on the platform?

Real-world example

Generic ERP platforms force organizations to absorb the cost of customization for years after go-live. According to [Nucleus Research](#)⁴, organizations consolidating on an industry-specific cloud ERP cut integration and maintenance costs by 37% on average, while preconfigured industry templates can shorten implementation cycles by up to six months.



⁴ Nucleus Research. (2025, December 5). *How Infor prepares its customers for AI success*. Infor. <https://www.infor.com/resources/infor-prepares-customers-ai-success>

2

AI embedded in workflows, with healthcare context

Why it matters

Healthcare-specific AI built into your ERP is fundamentally different from AI added on top. When AI is embedded in the workflows your team already uses, it can help surface exceptions, reduce manual effort, and guide action without requiring people to use another application. When grounded in healthcare data, terminology, and processes, it supports the decisions your teams make across suppliers, service lines, contracts, staffing, and operations.

What to look for

Healthcare-specific
AI agents available today

AI embedded in core workflows

Trained on healthcare data,
processes, and terminology

Transparent decision-making and data sources

New AI capabilities delivered as part of the platform

Questions to ask

- Where does AI live in the platform, and what specific workflows does it support today?
- What healthcare-specific data and processes is the AI built on?
- How are AI agents kept up to date as healthcare evolves? Can you build your own AI agents?
- Are new AI capabilities included in the platform, or priced separately?
- Is AI priced as a predictable flat fee, or could costs rise as we add agents, users, or usage over time?

Real-world example

A regional health system in the Pacific Northwest faced a manual vendor-verification process that consumed supply chain time and delayed sourcing decisions. By embedding healthcare-specific AI directly into existing workflows, the organization reduced vendor-verification time by 98%.



3 Clinical and financial visibility as a default

Why it matters

Data fragmentation has plagued health systems for years. It hides waste, distorts cost reporting, and blocks the insights that require a unified view. When a CFO asks for service-line profitability and a supply chain leader wants forecasting based on operating room (OR) activity, they're both asking for the same thing: a platform that integrates clinical activity into the same view as financial and operational data.

What to look for

Service-line profitability
with procedure-level cost

Labor cost tied to
acuity and patient volume

Supply usage
tied to clinical context

Electronic medical record
(EMR) integration as a default, not a project

Real-time financial visibility
across facilities, service lines, and physicians

Questions to ask

- Can we see service-line profitability that reflects actual procedure-level cost?
- How does the platform connect to our EHR, and what types of clinical data flow through it?
- How long does it take to surface a clinically informed view of supply usage or labor cost?
- What kind of custom development is required to maintain these connections over time?

Real-world example

An 11-hospital health system with more than 29,000 employees struggled with disconnected systems that fragmented financial, supply chain, and workforce data. After implementing a unified healthcare ERP, leaders gained a single view of operations and finance. As one executive said, "If I'm helping a nurse with their schedule or getting a supply there faster, that means a nurse has more time for patients."



4

Workforce as a margin lever, not a separate module

Why it matters

With registered nurse (RN) turnover above 17% and labor costs outpacing inflation, workforce decisions are now among the most consequential financial decisions a health system makes. A workforce management tool on a separate platform from your ERP creates the very fragmentation you're trying to solve. Workforce capabilities that share the same platform and data as your financials let workforce data act as the true margin lever.

What to look for

Workforce management
on the same platform as your ERP

Healthcare-specific
scheduling reflecting acuity and credentials

Mobile self-service designed for clinical staff

Workforce data feeding financial
and labor planning, with span-of-control visibility

Compliance built in for union agreements, licensure and credentialing, and Centers for Medicare & Medicaid Services (CMS) and Health Insurance Portability and Accountability Act (HIPAA) documentation

Questions to ask

- Is the workforce management capability part of the platform or a separate product?
- Does workforce data flow directly into financial planning and analytics, or does it flow through an integration?
- Can a leader see the financial impact of a staffing decision in the same view as the schedule?
- How does the platform support predictive workforce planning across the enterprise?

Real-world example

A pediatric academic medical center needed a more flexible way to manage clinical scheduling while giving frontline staff more control over when and how they worked. After implementing healthcare-specific workforce management integrated with their core ERP, the organization built what one leader called a “marketplace of work.” This empowered clinicians with self-scheduling while maintaining the staffing visibility leaders needed to manage labor as a financial lever.



5 Interoperability as a foundation

Why it matters

Most health systems can exchange data, but far fewer can actually use it. According to NCBI research, [70% of hospitals exchange data](#)⁵ occasionally, but only 42% integrate external data into care processes. To make data reusable and actionable, organizations need an interoperability foundation connecting every system across the enterprise, with the ERP at the center. Without this, data remains fragmented, limiting operational visibility and the organization's ability to scale analytics, automation, and AI.

What to look for

Credible heritage in clinical data exchange

A reusable foundation for analytics, AI, and automation

EMR-to-ERP connectors for clinical and operational data flow

Fast Healthcare Interoperability Resources (FHIR) services that keep pace with evolving interoperability regulations

Prebuilt adapters for Epic, Oracle Health (formerly Cerner), and MEDITECH

Questions to ask

- What's your vendor's track record in clinical data exchange specifically, not just general application programming interface (API) integration?
- How does clinical data flow into operational decisions like supply forecasting, scheduling, and capacity planning?
- What does your FHIR roadmap look like for 2026 and beyond?
- Is the platform reusable across analytics, AI, and automation, or just point-to-point connectivity?

Real-world example

An academic medical center in New Jersey used a healthcare-specific interoperability platform to enable FHIR across the organization, giving clinicians complete patient snapshots and enabling mobile scheduling. The result: more than 65,000 hours saved annually, appointment scheduling 5–10 times faster, and a 100% increase in scheduling availability.



⁵ Hufstader Gabriel, M., Richwine, C., Strawley, C., Barker, W., & Everson, J. (2024, May). *Interoperable exchange of patient health information among U.S. hospitals*: 2023. Office of the Assistant Secretary for Technology Policy. <https://www.ncbi.nlm.nih.gov/books/NBK606033/>

6

First-party implementation, support, and long-term partnership

Why it matters

Healthcare ERP implementations are organizational change projects with technology at their core. Vendors who abandon customers after the sale lose sight of what the customer actually needs. Vendors who stay engaged through implementation and beyond build the kind of long-term partnership that turns software investment into operational outcomes. The most expensive ERP is the one that gets installed but never delivers results.

What to look for

Healthcare-specific
implementation experience

Dedicated point
of contact after go-live

Adoption and outcome reviews
focused on long-term value

A long-term partnership
model with continuous innovation

First-party implementation delivered
by the ERP vendor and/or a trusted partner

Questions to ask

- Who is responsible for implementation (e.g., a vendor and/or a trusted partner vs. zero vendor involvement or an inexperienced partner)?
- What does post-go-live support look like, and who delivers it?
- How does the vendor measure customer success after the implementation team leaves?
- Can the vendor demonstrate long-term customer success and business impact?

Real-world example

Nucleus Research found that organizations moving to a unified, industry-specific platform achieved measurable results in as little as nine weeks, roughly 54% faster than the industry average⁶, with preconfigured industry templates shortening implementation cycles by up to six months.



⁶ Nucleus Research. (2025, December 5). *How Infor prepares its customers for AI success*. Infor. <https://www.infor.com/resources/infor-prepares-customers-ai-success>

7

Total cost of ownership, including everything not on the price sheet

Why it matters

ERP decisions are rarely just about upfront cost. As we covered earlier, customization and ongoing maintenance can compound over time. Integration costs, consultant retainers, and upgrades that require re-implementations also contribute. Evaluating total cost of ownership (TCO) means understanding what the platform will cost over the next decade.

What to look for

Defined and quantified customization scope

Integration costs disclosed up front

Predictable ongoing maintenance costs

New capabilities delivered without separate pricing

Transparent pricing with all modules required for healthcare functionality

Questions to ask

- What's included in the base platform, and what's an additional cost?
- What's the typical customization scope for a health system our size, and what does that cost?
- What does ongoing maintenance, including consultants, typically cost annually?
- How are new capabilities, AI included, delivered to customers over time?

Real-world example

A [Forrester Total Economic Impact](#)⁷ study found that organizations consolidating on an industry-specific cloud ERP realized \$19.72 million US in three-year benefits against \$9.20 million US in costs—a 114% return on investment (ROI). The gains were driven by a 50% increase in IT productivity and a 70% decrease in revenue leakage.



⁷ Forrester Consulting. (2025, June). *The Total Economic Impact™ of Infor Industry CloudSuite*. Infor. <https://www.infor.com/resources/total-economic-impact-infor-industry-cloudsuite>.

The healthcare ERP evaluation checklist

A scannable checklist for your team to use during the evaluation process. Designed to be shared with the buying committee, used in vendor briefings, and revisited as you move through demos and references.

Healthcare specificity

- ☐ Industry process catalogs with healthcare-specific workflows built in
- ☐ Prebuilt compliance for healthcare regulations (HIPAA, Joint Commission, CMS)
- ☐ Role-based workspaces designed for healthcare functions
- ☐ Healthcare data models reflecting the realities of how care is delivered
- ☐ Updates that include new industry best practices, not just technical patches

Financial management for healthcare

- ☐ Service-line profitability that reflects actual procedure-level cost
- ☐ Grant, fund, and multi-source financial management
- ☐ Scenario planning and modeling for policy and reimbursement volatility
- ☐ Capital planning for healthcare-specific decisions
- ☐ Real-time financial visibility across facilities, service lines, and physicians

Supply chain for healthcare

- ☐ Clinically connected supply chain with EHR data flow
- ☐ Pharmacy and purchased services management
- ☐ Inventory visibility at the point of use
- ☐ Contract management with pricing accuracy
- ☐ Shortage and disruption monitoring

Workforce

- ☐ Workforce management as part of the platform
- ☐ Healthcare-specific scheduling reflecting acuity and credentials
- ☐ Mobile self-service designed for clinical staff
- ☐ Workforce data feeding financial and labor planning, with span-of-control visibility
- ☐ Compliance built in for union agreements, licensure and credentialing, and CMS and HIPAA documentation

Interoperability

- ☐ Prebuilt clinical adapters for Epic, Oracle Health (formerly Cerner), and MEDITECH
- ☐ FHIR readiness for 2026 and beyond
- ☐ Bidirectional clinical data flow with the ERP
- ☐ Vendor heritage in clinical data exchange, not just API integration
- ☐ Clinical data informing operational and financial workflows

AI and automation

- ☐ AI embedded in workflows, not bolted on as a separate product
- ☐ Healthcare-specific AI agents available today, with a clear roadmap
- ☐ AI built on healthcare data, processes, and terminology
- ☐ Transparency on what the AI does, what data it uses, and how decisions are made
- ☐ Ability for customers and partners to build their own AI agents on the platform

Implementation and support

- ☐ Implementation delivered by the vendor or a trusted, healthcare-experienced partner
- ☐ Healthcare-specific implementation expertise
- ☐ Dedicated point of contact after go-live
- ☐ Adoption and outcome reviews, not just renewal conversations
- ☐ Time to value backed by customer examples

Total cost of ownership

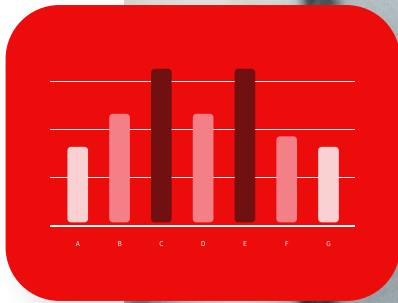
- ☐ Transparent pricing, including all modules required for healthcare functionality
- ☐ Customization scope clearly defined and quantified
- ☐ Integration costs disclosed, not hidden in implementation
- ☐ Ongoing consultant cost estimated for the first three years
- ☐ New capabilities delivered without separate pricing

A note on the path forward

The right ERP decision shouldn't just solve the problems on your desk this week. It should give your team flexibility when the next disruption hits, a new regulation arrives, or priorities shift. Achieving this requires a platform built for the realities of health systems—with industry depth that eliminates the cost of adapting a generic system, AI that understands healthcare from day one, and a vendor partnership that stays meaningful long after go-live.

Ask hard questions. Demand specifics. Treat every claim about industry alignment, AI capability, and long-term value as something the vendor must prove, not something to take on faith. Give equal weight to what a platform is built for and what it can be configured to do. The right platform is not the end goal; it's what lets you control costs, maximize people and resources, and make faster, smarter decisions. The payoff is stronger margins, better staff and patient experiences, and improved outcomes. That is what this decision is really about.





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